

City of Duluth

To:

CC: Human Resources

From:

Date:

Re: Family Leave Notification

I have determined that your request dated () for [paid / unpaid] leave qualifies as family leave for the **[insert one of the three reason choices below]**.

Birth of a child and in order to care for such child

Placement of a child with you for adoption or foster care

Care of your [spouse/child/parent] with a serious health condition

[If family leave requested does not exceed the employee's 12-week allotment, insert the following paragraph]

Therefore, the leave will be counted against your annual family leave entitlement. The Time Off – Paid and Unpaid policy includes information regarding family leave as well as your rights and obligations under the family leave provisions. This policy can be found on the city's website at www.ci.duluth.mn.us/city/employment under City Policies & Procedures, or by contacting the Human Resources office at Room 313 City Hall, (218) 730-5210.

[If family leave requested exceeds the employee's 12-week allotment and at least part of the leave is unpaid, insert the following paragraph]

The amount of leave you have requested exceeds your 12-week family leave entitlement. (Amount of time) will be counted against your annual family leave entitlement, and the remainder will be considered regular leave. Because your leave exceeds the family leave allotment, you must schedule an appointment with Human Resources to arrange for continuation or cancellation of benefits.

[If family leave is to care for an immediate family member, add the following paragraph]

Your leave request is approved pending receipt of required documentation. You have requested this leave in order to care for an immediate family member with a serious health condition. In order to process your request, the enclosed "Physician or Practitioner Certification" form must be completed and returned within 15 days to Human Resources, Room 313 City Hall. Failure to submit this certification may result in the denial of your leave request.

If you have any questions, please contact me at: (218) – ext.

En: Notice to Employee Requesting Leave
[Physician or Practitioner Certification]